

SERFF Tracking Number:	SEFL-127386294	State:	Arkansas
Filing Company:	Assurity Life Insurance Company	State Tracking Number:	49799
Company Tracking Number:	GRP LIFE RDRS		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	Grp Life Rdrs		
Project Name/Number:	Grp Life Rdrs/Grp Life Rdrs		

Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: Grp Life Rdrs

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: SEFL-127386294 State: Arkansas

SERFF Status: Closed-Approved-Closed
Closed

Co Tr Num: GRP LIFE RDRS

Author: Kristi Hendrickson

Date Submitted: 09/15/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 09/19/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Grp Life Rdrs

Project Number: Grp Life Rdrs

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 09/19/2011

State Status Changed: 09/19/2011

Created By: Kristi Hendrickson

Corresponding Filing Tracking Number:

Filing Description:

Form No. Title

R G1113 Children Insurance Rider

R G1113 C Children Insurance Rider certificate

R G1114 Accidental Death and Dismemberment Rider

R G1114 C Accidental Death and Dismemberment Rider certificate

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments: Approved

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Kristi Hendrickson

Forms R G1113 and R G1113 C pay a death benefit if an insured child dies. These forms are revised to change the child dependent age from 25 to 26, and will replace forms G074 and G074C, which were previously approved on January 12, 2001.

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Forms R G1114 and R G1114 C pay a benefit if death or dismemberment is caused by an accident. These forms are new and do not replace any previously approved forms.

These forms will be used with previously approved term life policies G040, G050 and G060 and applications G010AR and G020AR which were approved on January 12, 2001.

Marketing/Distribution: Assurity markets this product through licensed agents and brokers, We tend to work with brokers that sell core products, have a good understanding of the true group life products and also sell voluntary benefits. The group policy is designed to insure a group of employees of a common employer. We do not accept groups with less than 10 lives and generally we look for groups that are 25 and above.

Company and Contact

Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist	policyfiling@assurity.com
1526 K Street	402-437-3452 [Phone]
Lincoln, NE 68508	402-437-3802 [FAX]

Filing Company Information

Assurity Life Insurance Company	CoCode: 71439	State of Domicile: Nebraska
1526 K Street	Group Code:	Company Type: Life/Health
P.O. Box 82533	Group Name:	State ID Number:
Lincoln, NE 68501-2533	FEIN Number: 38-1843471	
(800) 276-7619 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	No
Fee Explanation:	50.00 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$200.00	09/15/2011	51623630

<i>SERFF Tracking Number:</i>	<i>SEFL-127386294</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49799</i>
<i>Company Tracking Number:</i>	<i>GRP LIFE RDRS</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Grp Life Rdrs</i>		
<i>Project Name/Number:</i>	<i>Grp Life Rdrs/Grp Life Rdrs</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/19/2011	09/19/2011

<i>SERFF Tracking Number:</i>	<i>SEFL-127386294</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49799</i>
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<i>Product Name:</i>	<i>Grp Life Rdrs</i>		
<i>Project Name/Number:</i>	<i>Grp Life Rdrs/Grp Life Rdrs</i>		

Disposition

Disposition Date: 09/19/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SEFL-127386294</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49799</i>
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<i>Product Name:</i>	<i>Grp Life Rdrs</i>		
<i>Project Name/Number:</i>	<i>Grp Life Rdrs/Grp Life Rdrs</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Actuarial Memoranda		No
Form	Children Insurance Rider		Yes
Form	Children Insurance Rider certificate		Yes
Form	Accidental Death and Dismemberment Rider		Yes
Form	Accidental Death and Dismemberment certificate		Yes

SERFF Tracking Number: SEFL-127386294 State: Arkansas

Filing Company: Assurity Life Insurance Company State Tracking Number: 49799

Company Tracking Number: GRP LIFE RDRS

TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

Product Name: Grp Life Rdrs

Project Name/Number: Grp Life Rdrs/Grp Life Rdrs

Form Schedule

Lead Form Number: R G1113

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	R G1113	Certificate	Children Insurance Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial		50.400	R G1113.pdf
	R G1113 C	Certificate	Children Insurance Amendmen Rider certificate t, Insert Page, Endorseme nt or Rider	Initial		50.400	R G1113 C.pdf
	R G1114	Certificate	Accidental Death and Initial Amendmen Dismemberment t, Insert Rider Page, Endorseme nt or Rider	Initial		59.000	R G1114.pdf
	R G1114 C	Certificate	Accidental Death and Initial Amendmen Dismemberment t, Insert certificate Page, Endorseme nt or Rider	Initial		59.000	R G1114 C.pdf

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 869-0355 • FAX (402) 437-3634

CHILDREN INSURANCE RIDER

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's premium which is included in the initial premium on the Schedule of Benefits page. Rider premiums are paid to Our administrative office at the same time as policy premiums.

This rider becomes effective on the policy Effective Date unless it is added by endorsement.

DEFINITIONS

Dependent Child(ren) means any child who is a) a natural born child of the employee, b) a legally adopted child of the employee, c) a stepchild of the employee, d) a child for whom the employee or employee's spouse has legal guardianship, or e) a child for whom coverage is required by state law.

BENEFIT

Only an insured employee may insure his or her Dependent Children under this rider. If both parents are insured under the policy, only one may insure Dependent Children under this rider.

We will pay the rider benefit if a Dependent Child's death occurs while this rider is in force and they meet the definition of Dependent Child. Payment of the amount of insurance will be paid to the employee, if living, or to the employee's beneficiary if the employee dies within 15 days after the child.

The rider benefit is:

- one-fourth of the amount of insurance (shown in the Schedule of Benefits) if the child dies after 24 hours of age and before 15 days of age; or
- the amount of insurance (shown in the Schedule of Benefits) if the child dies after reaching the age of 15 days and before the first Anniversary Date after the child's 26th birthday.

We will do this only if all needed premiums have been paid.

Payment of the amount of insurance will be made:

- in the same manner as We pay policy proceeds;
- in addition to any other amounts payable under the policy; and
- after due proof of the Dependent Child's death is received at Our administrative office.

ELIGIBILITY

A Dependent Child is eligible for insurance under this rider if the Dependent Child is:

- under age 26;
- not disabled on the date he or she is first eligible. If disabled, that child will be eligible on the first day he or she is no longer disabled. A child is NOT disabled if he or she can:
 - go to school (if a student);
 - do any of the main duties of his or her job (or a similar job); or
 - do most of the normal activities of a person of the same age.

Once this rider is in force, coverage is automatic (no application is needed) for all new Dependent Children eligible for insurance.

We have the right at any time to ask for proof that a child is eligible.

CONVERSION

When insurance on a Dependent Child stops, an individual, permanent insurance policy may be bought on the life of the Dependent Child without submitting evidence of the Dependent Child's insurability. This must be done within 31 days after the insurance stops. The amount of insurance converted cannot be more than the amount of insurance provided by this rider.

When the master policy stops for all insureds or when all insurance stops for the class of insureds to which the employee belonged, an individual, permanent insurance policy may be bought on the life of a Dependent Child without submitting evidence of the Dependent Child's insurability. This may only be done if the employee was covered by this policy for more than 5 years and within 31 days after the insurance stops. The amount of insurance converted cannot be more than the amount of insurance provided by this rider or \$10,000, whichever is less.

Converted Policy. Conversion will be processed upon Our receipt of Your written request on our form and payment of the new policy's initial premium. The converted policy's issue date is the date on which the coverage under this rider terminates due to conversion. Premiums for the new policy will be based on Our then current rates and the Dependent Child's attained age. The converted policy will be subject to the remainder of periods stated in any Incontestable Clause and Suicide sections as measured from this rider's Issue Date.

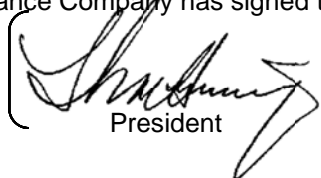
TERMINATION

Coverage will terminate for a Dependent Child under this rider on the earlier of the following:

- when the premiums for the policy this rider is attached to are waived due to the employee's total disability;
- when the employee dies;
- when the insurance for an employee stops; or
- when the child is age 26.

For a child who becomes handicapped (physically or mentally) while insured under this rider and who is totally dependent on the insured employee, the insurance can continue. We must receive proof that the Dependent Child is handicapped within 31 days of the Dependent Child reaching the age when insurance normally would stop. After the first two years, We will not ask for proof of the Dependent Child's status more than once a year.

Assurity Life Insurance Company has signed this rider on the Effective Date.


President


Secretary



ASSURITY® LIFE INSURANCE COMPANY

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • FAX (402) 437-3634

Children Insurance Rider

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's premium which is included in the initial premium on the Schedule of Benefits page. Rider premiums are paid to Our administrative office at the same time as policy premiums.

This rider becomes effective on the policy Effective Date unless it is added by endorsement.

DEFINITIONS

Dependent Child(ren) means any child who is a) a natural born child of the employee, b) a legally adopted child of the employee, c) a stepchild of the employee, d) a child for whom the employee or employee's spouse has legal guardianship, or e) a child for whom coverage is required by state law.

BENEFIT

Only an insured employee may insure his or her Dependent Children under this rider. If both parents are insured under the policy, only one may insure Dependent Children under this rider.

We will pay the rider benefit if a Dependent Child's death occurs while this rider is in force and they meet the definition of Dependent Child. Payment of the amount of insurance will be paid to the employee, if living, or to the employee's beneficiary if the employee dies within 15 days after the child.

The rider benefit is:

- one-fourth of the amount of insurance (shown in the Schedule of Benefits) if the child dies after 24 hours of age and before 15 days of age; or
- the amount of insurance (shown in the Schedule of Benefits) if the child dies after reaching the age of 15 days and before the first Anniversary Date after the child's 26th birthday.

We will do this only if all needed premiums have been paid.

Payment of the amount of insurance will be made:

- in the same manner as We pay policy proceeds;
- in addition to any other amounts payable under the policy; and
- after due proof of the Dependent Child's death is received at Our administrative office.

ELIGIBILITY

A Dependent Child is eligible for insurance under this rider if the Dependent Child is:

- under age 26;
- not disabled on the date he or she is first eligible. If disabled, that child will be eligible on the first day he or she is no longer disabled. A child is NOT disabled if he or she can:
 - go to school (if a student);
 - do any of the main duties of his or her job (or a similar job); or
 - do most of the normal activities of a person of the same age.

Once this rider is in force, coverage is automatic (no application is needed) for all new Dependent Children eligible for insurance.

We have the right at any time to ask for proof that a child is eligible.

CONVERSION

When insurance on a Dependent Child stops, an individual, permanent insurance policy may be bought on the life of the Dependent Child without submitting evidence of the Dependent Child's insurability. This must be done within 31 days after the insurance stops. The amount of insurance converted cannot be more than the amount of insurance provided by this rider.

When the master policy stops for all insureds or when all insurance stops for the class of insureds to which the employee belonged, an individual, permanent insurance policy may be bought on the life of a Dependent Child without submitting evidence of the Dependent Child's insurability. This may only be done if the employee was covered by this policy for more than 5 years and within 31 days after the insurance stops. The amount of insurance converted cannot be more than the amount of insurance provided by this rider or \$10,000, whichever is less.

Converted Policy. Conversion will be processed upon Our receipt of Your written request on our form and payment of the new policy's initial premium. The converted policy's issue date is the date on which the coverage under this rider terminates due to conversion. Premiums for the new policy will be based on Our then current rates and the Dependent Child's attained age. The converted policy will be subject to the remainder of periods stated in any Incontestable Clause and Suicide sections as measured from this rider's Issue Date.

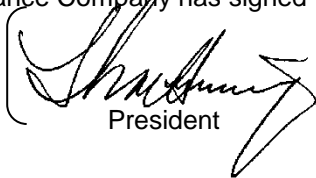
TERMINATION

Coverage will terminate for a Dependent Child under this rider on the earlier of the following:

- when the premiums for the policy this rider is attached to are waived due to the employee's total disability;
- when the employee dies;
- when the insurance for an employee stops; or
- when the child is age 26.

For a child who becomes handicapped (physically or mentally) while insured under this rider and who is totally dependent on the insured employee, the insurance can continue. We must receive proof that the Dependent Child is handicapped within 31 days of the Dependent Child reaching the age when insurance normally would stop. After the first two years, We will not ask for proof of the Dependent Child's status more than once a year.

Assurity Life Insurance Company has signed this rider on the Effective Date.


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**ASSURITY® LIFE INSURANCE COMPANY**

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(402) 476-6500 • (800) 869-0355 • FAX (402) 437-3634

**Accidental Death and Dismemberment
Rider (covers employee and, if
applicable, their spouse)**

This rider is attached to and part of the master policy. The terms of the master policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application.

DEFINITIONS

Accident means an injury (not a sickness).

Loss of foot or hand means it is severed at or above the ankle or wrist joint.

Loss of sight means the permanent loss of all sight in that eye.

RIDER BENEFIT

We will pay the Accidental Death and Dismemberment amount shown in the Schedule of Benefits for:

- accidental death;
- loss of both feet;
- loss of both hands;
- loss of one foot and one hand; or
- loss of sight in both eyes.

We will pay one-half of the Accidental Death and Dismemberment amount shown in the Schedule of Benefits for:

- loss of one foot;
- loss of one hand; or
- loss of sight in one eye.

We will pay this benefit as soon as we receive acceptable proof that an accident caused the insured's death or specified loss. The death or loss must occur within 180 days from the date of that accident. The accident must occur while the employee is insured by the master policy.

Unless the owner of the insurance tells us otherwise in writing, we will pay this benefit to:

- the insured employee, if living; or
- the beneficiary, if the employee dies before payment is made.

The total of all payments made under this rider for an insured's losses or death cannot be more than the amount shown in the Schedule of Benefits.

EXCLUSIONS

We will not pay this benefit if the death or loss is from:

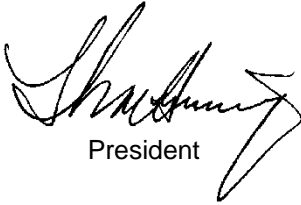
- committing or attempting to commit suicide, while sane or insane;
- war or any act of war, declared or undeclared;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, or parakiting;
- operating, learning to operate, or serving as a crew member of any aircraft;
- committing or attempting to commit a felony; or
- intentionally self-inflicting an injury.

TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- when an employee stops working because of total disability; or
- when payments for all losses under this rider total the amount shown in the Schedule of Benefits for this rider.

This rider becomes effective on the master policy Effective Date unless it is added by endorsement at the request of the Policyholder and will continue in force, in accordance with the applicable provisions, unless terminated in accordance with its provisions.



President



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**Accidental Death and Dismemberment
Rider (covers employee and, if
applicable, their spouse)**

This rider is attached to and part of the master policy. The terms of the master policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application.

DEFINITIONS

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Loss of foot or hand means it is severed at or above the ankle or wrist joint.

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- accidental death;
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- loss of one foot;
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We will pay this benefit as soon as we receive acceptable proof that an accident caused the insured's death or specified loss. The death or loss must occur within 180 days from the date of that accident. The accident must occur while the employee is insured by the master policy.

Unless the owner of the insurance tells us otherwise in writing, we will pay this benefit to:

- the insured employee, if living; or
- the beneficiary, if the employee dies before payment is made.

The total of all payments made under this rider for an insured's losses or death cannot be more than the amount shown in the Schedule of Benefits.

EXCLUSIONS

We will not pay this benefit if the death or loss is from:

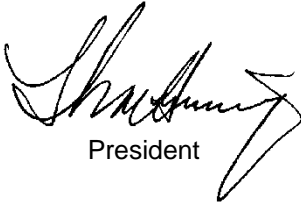
- committing or attempting to commit suicide, while sane or insane;
- war or any act of war, declared or undeclared;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, or parakiting;
- operating, learning to operate, or serving as a crew member of any aircraft;
- committing or attempting to commit a felony; or
- intentionally self-inflicting an injury.

TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- when an employee stops working because of total disability; or
- when payments for all losses under this rider total the amount shown in the Schedule of Benefits for this rider.

This rider becomes effective on the master policy Effective Date unless it is added by endorsement at the request of the Policyholder and will continue in force, in accordance with the applicable provisions, unless terminated in accordance with its provisions.



President



Secretary

SERFF Tracking Number:	SEFL-127386294	State:	Arkansas
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Company Tracking Number:	GRP LIFE RDRS		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	Grp Life Rdrs		
Project Name/Number:	Grp Life Rdrs/Grp Life Rdrs		

Supporting Document Schedules

	Item Status:	Status Date:
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Satisfied - Item: Flesch Certification

Comments:

Attachment:

ReadabilityCertification - Copy.pdf

	Item Status:	Status Date:
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Satisfied - Item: Application

Comments:

G010AR and G020AR were approved with the policies on January 12, 2001.

	Item Status:	Status Date:
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Satisfied - Item: Actuarial Memoranda

Comments:

Attachments:

R G1113 and R G1113 C act memo.pdf

R G1114 and R G1114 C act memo.pdf

READABILITY CERTIFICATION

I hereby certify the following forms were tested for readability using Microsoft® Word 2010 program and achieved the following test results:

Company Name: Assurity Life Insurance Company

Form Number(s): R G1113 et al.

Type of Form: Single Premium Whole Life

Form No.	Description	Flesch Score
R G1113	Children Insurance Rider	50.4
R G1113 C	Children Insurance Rider Certificate	50.4
R G1114	Accidental Death and Dismemberment	59
R G1114 C	Accidental Death and Dismemberment Certificate	59



Signature

August 25, 2011

Date

Carol S. Watson
Vice President, General Counsel and Secretary